

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012809		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 05/22/2012	
NAME OF PROVIDER OR SUPPLIER MARION REHABILITATION AND ASSISTED LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 614 WEST 14TH STREET MARION, IN 46953			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS A Fire Safety Evaluation System (FSES) Survey to the Initial Life Safety Code Certification and State Licensure Survey conducted on 05/10/12 was verified by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Review Date: 05/22/12 Facility Number: 012809 Provider Number: 012809 AIM Number: NA Surveyor: Dennis Austill, Life Safety Code Supervisor Marion Rehabilitation and Assisted Living Center was found in compliance with NFPA (National Fire Protection Association) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the Initial Life Safety and State Licensure Survey. Achieving a passing score on the FSES Survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2001 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code.			{K 000}			
{K 040} SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access doors and exit doors used by health care occupants are of the swinging type with openings of at least 41.5 inches wide. Doors in exit stairway enclosures are no less than 32 inches in clear width. In ICFs/MR, doors are at least 32 inches wide. 18.2.3.5			{K 040}			5/22/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 040}	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 5 of 10 exit doors had a clear width no less than 41.5 inches wide. LSC 18.2.3.5 requires the clear width of doors in the means of egress from nursing homes shall be no less than 41.5 inches. This deficient practice could affect residents on the D and E wings.</p> <p>Findings include:</p> <p>Based on observation with the Project Superintendent, Director of Operations and the Administrator on 05/09/12 from 4:21 p.m. to 5:05 p.m., the D wing's north, west and south exit doors and the E wing's north and south exit doors had a noticeably smaller opening then the remaining exit doors. Measurement taken by the Project Superintendent at the time of observations confirmed the exit door openings were thirty five inches wide.</p> <p>3.1-19(b)</p> <p>"Correction obviated. Passed FSES."</p>			{K 040}			